



## **Application Data Sheet**

### **Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	Yes
Number of copies of CRF::	
Title::	ISOLATION OF STEM CELL-LIKE CELLS AND USE THEREOF
Attorney Docket Number::	KUES=1
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	8
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Germany
Status::	Full Capacity
Given Name::	Wilfried

Middle Name:: A.  
Family Name:: KUES  
Name Suffix::  
City of Residence:: OT Eilvese  
State or Province of Residence::  
Country of Residence:: Germany  
Street of Mailing Address:: Sunkenstrasse 2  
City of Mailing Address:: Neustadt OT Eilvese  
State or Province of Mailing Address::  
Country of Mailing Address:: Germany  
Postal or Zip Code of Mailing Address:: 31535  
Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Germany  
Status:: Full Capacity  
Given Name:: Heiner

Middle Name::  
Family Name:: NEIMANN  
Name Suffix::  
City of Residence:: Mariensee Neustadt  
State or Province of Residence::  
Country of Residence:: Germany  
Street of Mailing Address:: An der Hohnhorst 3  
City of Mailing Address:: Mariensee Neustadt  
State or Province of Mailing Address::  
Country of Mailing Address:: Germany  
Postal or Zip Code of Mailing Address:: 31535

**Correspondence Information**

Correspondence Customer Number:: 001444

**Representative Information**

Representative Customer Number:: 001444

**Domestic Priority Information**

Application::	Continuity Type::	Parent	Parent Filing
		Application::	Date::

**Foreign Priority Information**

Country::                      Application Number::      Filing Date::      Priority Claimed::

**Assignment Information**

Assignee Name::	INNOVATIVE DAIRY PRODUCTS PTY LTD AS TRUSTEE FOR THE PARTICIPANTS OF THE COOPERATIVE RESEARCH CENTRE
Street of Mailing Address::	Level 1, 84 William Street
City of Mailing Address::	Melbourne VIC
State or Province of Mailing Address::	
Country of Mailing Address::	Australia
Postal or Zip Code of Mailing Address::	3000